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Instructions

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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No It death occurred le .Ward) a hospital or institution give its NAME instead of street and number. I MEDICAL CERTIFICATE OF DEATH PARTICULARS PERSONAL AND STATISTICAL S SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED. (Month) (Day) ORDIVERCES (Write the word) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Month) (Day) (Year 7 AGE If LESS than and that death occurred on the date stated above, at t day, hrs. OR mig. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) Geograf nature of Industry, business, or establishment lo (Duration) which employed (or employer) ... State or country) Contributory (Secondary) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE OF FATHER (State or country) AREN *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS 13 BIRTHPLACE At place In the OF MOTHER State or country _____ yrs. ____ ds. State Where was disease contracted. If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are peoded, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (a)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, perifonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenciascpsis, tetanus) injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. "Contributory." mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chrowk ver" is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head of "Dropsy," "Exhaustion," The nature of the Never report



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T. B. No. 1.

County Wares				STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 35		
Village or City	Snow.	4'll (N	6		St;Ward)	[If death occurred to a hospital or Institution, give its NAME Instead of street and number.]
PERSONA	L AND STATISTIC	CAL PARTICULA	RS	MEDICA	L CERTIFICATE OF D	EATH
	color or RACE	S SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word	2000	16 DATE OF DEATH	(Month) BY CERTIFY, That Lati	(Day) (Year)
6 DATE OF BIRTH	(Month)	(Day)	, 1862 (Year)	that I last saw half	1914, to Tela	7 t , 1914,
OCCUPATION (a) Trade, profession, or particular kind of work	yrs. 4	mos. ds.	If LESS than 1 day,hrs. ORmin.?	and that death occurred The GAOSE OF DEATH The houmatism After Tree West West	on the date stated above was as follows: The acute all The fully The control of the control o	following still
(b) General nature of inc business, or establishm which employed (or empl BIRTHPLACE (State or country)	ent in Som	val Sto.	\	Gontabutory (Secondary)	(Buration)	yrs
OF FATHER 11 BIRTHPLACE OF FATHER (State or count MY 12 MAIDEN NA OF MOTHER	ME Lya	Edward	Bum	The second secon	(Address) Story Causing Death, or, in course of Injury; and (2)	Heaths from VIOLENT (2) whether ACCIDEN-
13 BIRTHPLACE OF MOTHER (State or coun	try) In b	y for	d	18 LENGTH OF RESIDENTS) At place of death	In the	yrs, ds.
Informant)	THE TO THE BES	TOF MY KNOWL	EDGE	If not at place of death? Former or usual residence		
(Address) 5.	1914 RE	En d	REGISTRAR	19 PLACE OF BURIAL O M.E. Country 20 UNDERTAKER W J. HE a	Simultill 7	DORESS
) if	more blacks are	aceded, address	State Registra	r, 6 E. Franklin St., Balto	, Requesting V. S. No.	1.

[Approved by U. S. Census and American Public Health
Association.]

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(a) Spinner, (b) Cotton mill; (a) Salesman, (b)
Groccry; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same discase. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid spneumonia"); Lobar pneumonia; Bronchopneumonia ("Treumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. childhirth or miscarriage, as "Purprenal scottchacture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Potsoned mia," "l'uerperal peritonitis," etc. State cause for mus," "Old Age," "Shock," "Traemia," "Weakness," "Ileart fallure," "Haemorrhage," "Inanition," "Marasby carholic acid—probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Mcasles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms) : Measles; Whooping cough : Chronic oma. Sarcoma. etc., of Bronchopncumonia (secondary), 10 ds. ls less definite; avoid use of "Tumor" for mailg The contributory (secondary or intercurrent) tetanus) may be stated under the head of Aiways qualify all diseases resulting from "Senile." etc.), (Recommendations on statement of "Dropsy," (name origin; "Can "Exhaustion," Never report Examples:



V. S. No. 1.

-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT 4 UNFADING INK-THIS IS WRITE PLAINLY, WITH N.B.

	PLACE OF DEATH 2089	STATE OF MARYLAND
	Mana e tes	CERTIFICATE OF DEATH
Col	inty U C	Registration Dist. No.3524
Vill	age or City Vendlotree (No,	St.; Ward) [If death occurred in a hospital or Institution,
	10 1. 001.	give its XAME Instead of street and number.]
	FULL NAME Connotted Britt	ingham
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	X 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH HILL TO
	Hemale- white MARRIED, widow or or over the word)	(Month) (Day (Year)
6 D	ATE OF BIRTH	1T HENEBY CERTIFY, That I attended deceased from
,	Angust 174 1830	January 1, 1914, to farmary 15, 1914.
	(Month) (Day (Year)	that I last sow her alive on January 10 0, 1911f.
TAG	If LESS than t dayhrs.	and that death occurred on the date stated above, atm,
	83 yrs omos ds. or min.?	Valored are disease of the Head
	CCUPATION	Valvutar discuse of the Neard
	Trade, profession, or Huns Keeker	Charles I was a charles
	General nature of Industry, iness, or establishment in	111.41 0.50
whi	ch employed (or employer)	(Duraflon) v & yrs. mos. ds.
9 B	RTHPLACE (State or country) Worcester Country, Maryland	Contributory
	10 NAME OF COLS R HT	(Duration) yrs mos ds.
	FATHER Elijah Irthugham	(Signed), Vastos, M. D.
TIS	11 BIRTHPLACE OF FATHER OF THE TOTAL OF THE	2/23 , 1914 (Address) To eller
ARENTS	(State or country) in Noverth Co, Maryane	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
PAR	12 MAIDEN NAME OF MOTHER	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
_	13 BIRTHPLACE 1 Ama . T. Co Manda	or Recent Residents) Af place In the
	OF MOTHER (State or country)	of death yrs ds. State yrs, mos ds
14 7	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
	and Anther Bukes	Former or

(Informant) 4 Dukes

(Address) Jund

15 REGISTRAR OF BURIAL OR REMOVAL DATE OF BURIAL

20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registral 6 E. Franklin St. Balto., Requesting V. S. No. 1.

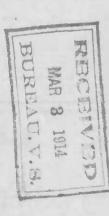
usual residence

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the honsehold only (not paid Housekcepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," Grocery; (a) Foreman, (b) Automobile factory. cases, especially in industrial employments, it is necbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has material worked ou may form part of the second it should be used only when ueeded. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, c. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," (4)

Statement of cause of death—Name, first, the nisease causing neath (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, perilonaeum, etc., Carcin-

thre of the American Medical Association.) cause of death approved by Committee on Nomeuclainjnry, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," "Contributory." by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-acei-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failnre," "Haemorrhage," "Iuanition," "Marasgeuital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or Bronehopneumonia (secondary), 10 ds. Never report affection used not be stated unless important. valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronie oma, Sarcoma, etc., of...... (name origin; "Canis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from Measles (disease cansing (Recommendations on statement of terminal conditions, such as "Asdeath), 29 ds.; "Exhanstion," For vio-



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PLACE OF DEATH 2090	STATE OF MARYLAND
County Mucester	CERTIFICATE OF DEATH
County	Registered No. 000
hear fram be liter	[If death occorred]
Village or City (No,	St.; Ward) a hospital or Institution
Mal G &	of streel and nomber.]
* FULL NAME	yeur yeur
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED.	16 DATE OF DEATH JULY 9 101/
As MARRIED, WIDOWED, WIDOWED, ORDIVORCED	(Month) (Day) (Year)
The all (Write the word)	177 I HEREBY CERTIFY, That I attended deceased from
8 DATE OF BIRTH	7 1/2 4 , 1914, to 7 2/2 9 , 1914
(Month) (Day) (Year)	that I last saw hor alive on Freh 9 1914
(Mofith) (Day) (Year) 7 AGE It LESS than	and that death occurred on the date stated above, at 1/01-Pm
1 day,hrs.	The CAUSE OF DEATH* was as follows:
yrs. 3 mos. / ds. ORmin. ?	
OCCUPATION (a) Trade, profession, or	
particular kind of work	outher hours the
(b) General nature of Industry, business, or establishment to	(Duration) yrs. mos. // d
which amployed (or employer)	The hand
9 BIRTHPLACE (State or country)	(Secondary)
Many Carry	(Deration) yrs mos de
10 NAME OF FATHER HOLD R	(Signed) / Lell-get, M. D
O 11 BIRTHPLACE	They 10, 1914 (Address) Overmake Esty &
Z (State or country) Many Louis	*State the DISEASE CAUSING DEATH, or, in deaths from VioLENT
OC 12 MAIDEN NAME A	CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
a of Mother Sertha King	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
13 BIRTHPLACE OF MOTHER	Af place In the
(State or country)	of death yrs. mos. ds. State yrs, mos. ds.
14 THE ABOVE AS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) Tred V. Milling hours	Former or usual residence
Promise n Peter Miles	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Control Control	16-00 184 1 20 20 112
16 Jeb 10 my Sohne Helling	20 UNDERTAKER ADDRESS
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[Approved by U. 8. Census and American Public Health Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in St: Ward) Village or City a hospital or institution, give its NAME lostead of sfreei and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE 3 SEX MARRIED, WIDOWED, (Month) (Day) (Year) Write the word) CERTIFY. That I sttended deceased from 17 6 DATE OF BIRTH (Day) (Year) (Month) if LESS than TAGE and that death occurred on the date stated above, at / 1 dayhrs. The CAUSE OF DEATH * Was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or parficular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) --9 BIRTHPLACE (Secondary) (State or country) (Deration) 10 NAME OF (Signed) (Address) 11 BIRTHPLACE ENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-AR 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE Af place in the OF MOTHER (State or country) of death _____ yrs. ____ mos. ___ ds. Sfate ... Where was disease contracted. If nof at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL .. 191. 20 UNDERTAKER ADDRESS REGISTRAR

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Statement of cause of death—Name, first, the DISKASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PULBPERAL septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) cause of death approved by Committee on Nomencla. "Contributory." dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as "Hart fallure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritts ter" is less definite; avoid use of "Tumor" for mally oma. Surcoma. etc., of .. Bronchopncumonia (secondary), 10 ds. nant neoplasms); Measles; Whooping cough; Chronic The contributory (secondary or intercurrent) Always qualify all diseases resulting from (name origin; "Can State cause for "Exhaustion," Never report Examples: For VIO-



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AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very PHYSICIANS should be AGE carefully supplied. so that it may See instructions on back of certificate. Every item of information should be DEATH in plain terms. CAUSE OF Important. m ż

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.;.....Ward)

[if death occurred in a hospital or institution,

²FULL NAME	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Acolor or RAGE S bingle, MARRIED, WIDOWED, ORDIVORCED (Write the word)	(Month) (Day (Year)
8 DATE OF BIRTH ### (Month) (Day (Fear))	17 I HEREBY CERTIFY, That I attended deceased from
7 AGE If LESS than 1 day,hrs. ORmin.?	and that desth occurred on the date stated above, at
a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos. ds. Contributory. Secondary
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)	(Signes)
(State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	of death yrs mos ds. State yrs mos ds Where was disease contracted, if not at place of death? Former or usual residence
Filed. Tele 11, 1911 France Hellers	20 UNDERTAKER PLETURE DATE OF BURIAL DATE OF BURIAL ADDRESS PLETURE

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; applies to each and every person, irrespective of age. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many tion is very important, so that the relative healthfulduties of the household only (not paid Housekcepers mine, etc. "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, For many occupatious a single word or term on the ness of various pursuits can be known. cated thus: ness. If retired from business, that fact may be indi-CAUSINO DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-(a) Spinner, (b) Cotton mill; (a) Salesman, first line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons The question "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avold use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, perilonacum, etc., Carcin-

affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Cansuch, if impossible to determine definitely. Examples: mia," "Puerreral peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichuectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopucumonia (secondary), 10 ds. cause of death approved by Committee ou Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably IENT HEATHS state MEANS OF INJURY and qualify as which surgical operation was undertakeu. ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for malig Always qualify all diseases resulting from "Seuile," etc.), Mcasles (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustion," Never report For vio-



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ARENTS

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10 NAME OF

11 BIRTHPLACE OF FATHER

12 MAIDEN NAME

(Address)

OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO

(State or country)

State Very

1	PLAGE OF	DEATH	
	PLACE OF	7,,	

PERSONAL AND STATISTICAL PARTICULARS

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

.....Ward)

MEDICAL GERTIFICATE OF DEATH

[If death occurred in a hospifal or institution, give its NAME instead of street and number.]

Jeuale State (Write the word)	(Month) (Day (Year)
DATE OF BIRTH	I HEREBY CERTIFY, That I attended deceased from 191
(Month) (Day (Year)	that I last saw h. L. alive on
7 AGE If LESS the 1 day,hr ORmin. ?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession, or particular kind of work	Still form
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs mos d
9 BIRTHPLACE (State or country)	Gontributory

(Signed)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.

•	OR RECENT RESIDENTS)			INAMBIEM	1
	Af place of death yrs mos ds.	In the State	yrs,	mos.	d
	Where was disease contracted,				Ī

Former or usual residence.

. P	LACE	OF	BUR	HAL	OR	REM	DVAL
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DATE OF BURIAL

20 UNDERTAKER

ADDRESS

If more blanks are needed, address State Registrar, C E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. tiou is very important, so that the relative healthfulmaterial worked ou may form part of the second additional live is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: the nature of the business or industry, and therefore an ness. If retired from business, that fact may be indl-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton mill; (a) Salesman, who have no occupation whatever, write None. cated thus: been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Statement of occupation-Precise statement of occupa-Women at home, who are eugaged in the Never rcturn "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, ctc., of..... (uame origiu; "Can-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasture of the American Medical Association.) "Contributory." sepsis, by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci cause of death approved by Coumittee on Nomenclais less defiuite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of may be stated under the head of "Exhaustion," Never report



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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. 355 fit death occurred in StWard) a hospital or institution. give its NAME instead of street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 5 SINGEE, MARRIED. Mas 4 COLOR OR RACE WIDOWED. (Month) (Write the word) DATE OF BIRTH (Month) (Day (Year) 7 AGE It LESS than and that death occurred on the date stated above, at 720 1 dayhrs. OR min. ? SOCCUPATION (a) Trade, protession, or particular kind of work.... (b) General nature of industry, business, or establishment in which employed (or employer) ... certificate. Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER ö back 11 BIRTHPLACE PARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME Instructions OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE OF MOTHER At place State _____ yrs. ___ mos. (State or country) _____ yrs. ____ ds. Where was disease contracted. See it not at place of death? Former or usual residence. mportant. 19 PLACE OF BURIAL OR REMOVAL DAXE OF BURIAL 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrat, 6 E. Franklin St., Bako., Requesting V. S. No. 1.

Association.

applies to each and every persou, irrespective of age "Munager," "Dealer," etc., without more precise specimaterial worked on may form part of the second additional line is provided for the latter statement; essary to know (a) the kiud of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dnties of the household only (not pald Housekcepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coa. statement. Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman."

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Anacmia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstilial nephrilis, nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Causepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as etc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uruemia," "Weakness." "Heart failure," "Haemorrhage," "Inauition," "Maras-"Collapse," "Coma," "Convulsions," "Dehility" ("Conmere symptoms or terminal conditions, such as "As-Bronehopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railray train-accisuch, if impossible to determine defiuitely. Examples: is less defiuite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of "PUERPERAL septichae-"Exhaustion,"



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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registered No. 3.14 lit death occurred inWard) a hospital or institution. give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED. ORDIVORCED (Write the word) HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Day) (Year) (Month) TAGE If LESS than and that death occurred on the date stated above, at.... 1 dayhrs. The CAUSE OF DEATH * was as follows: BOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) Contributory... BIRTHPLACE that it (Secondary) (State or country) 10 NAME OF FATHER 50 terms. 11 BIRTHPLACE ENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENuo AR 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER Instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER of death yrs. mos. (State or country State yrs. _ ds. Where was disease contracted. If not at place of death?... usual residence. mportant. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is yery Every item of information should be carefully supplied. CAUSE OF DEATH in pisin terms, so that it may be important. See instructions on back of certificate. B.-Every item of information should be CAUSE OF DEATH in pisin terms, s

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1 PLACE OF DEATH County Worcesler

Village or Gity Stockhan 3 101 B 7

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.;.....Ward)

It death occurred in a hospital or institution give its NAME Instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Sex de Color or race 6 single, Marrieo, Widowed, Ordivorced (Write the word)	19 DATE OF DEATH (Month) (Month) (Year)
DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day (Year)	that I last saw h
TAGE about if LESS than 1 day,	and that death occurred on the date stated above, at
BOCCUPATION	Cough Had whocher area
(a) Trade, profession, or particular kind of work	dealte Suppore
(b) General nature of industry, business, or establishment in which employed (or employer)	(Ouration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Maryland	Contributory Secondary (Ouration) yrs mos ds.
10 NAME OF Benjamine Harmon	(Signed) When O James, M. D.
11 BIRTHPLACE OF FATHER (State or country) Maryland	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
W 12 MAIDEN NAME OF MOTHER SA	CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-
13 BIRTHPLACE OF MOTHER (State or country) Maryland	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos ds. State yrs, mos ds
THE ABOVE IS TRUE TO THE BEST OF MYKNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) Den famine Harman	Former or usual residence.
(Address) Stockton Red	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed 2/26-, 1914 (00) REGISTRAR	Powley Allend Storethey 1914
If more blanks are needed, address State Revisi	The state of the s

[Approved by U. S. Census and American Public Health Association.]

Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. cated thus: should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Mauager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is uec-Civil engineer, Stationary freman, etc. But in many ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a defiuite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) it should be used only when ueeded. As examples: the nature of the business or industry, and therefore an first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the nisease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons Salesman, "Foreman,"

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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Verciales Registration Dist. No lif death occurred in -Ward) a hospital or institution, give its NAME Instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. WIDOWED. (Month) ORDIVORCED (Write the word) (Day (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH _ alive on _____ (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at f dayhrs. The CAUSE OF DEATH* was as follows: OR ? BOCCUPATION (a) Trada, profession, or particular kind of work (b) General nature of Industry. business, or establishment in (Duration) .mos..... which employed (or employer) -----9 BIRTHPLACE (State or country) Contributory... Secondary 10 NAME OF FATHER S 11 BIRTHPLACE ..., 191 (Address) ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) In the _____ yrs. ____ mos. __ _ ds. State _____ yrs, ____ mos. ___ Where was disease contracted. 14 THE ABOVE IS TRUE TO THE MY KNOWLEDGE If not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 15 20 UNDERTAKER ADDRESS EGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-



mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, aant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skuil, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal scptichae-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. For vio-The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from (Recommendations on statement of



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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilt death occurred inWard) a hospital or lostitution. give Ils NAME instead of street and number.] * FULL NAME MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH SEX 4 COLOR OR RACE MARRIED, WIDOWED OR DIVORCED (Write the word) (Month) (Day) REBY CERTIFY, That I attended deceased from B DATE OF BIRTH (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, a 1 day hrs. BOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) Contributory State or country) (Secondary) 10 NAME OF FATHER . 191... (Addinss) 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country of death yrs. mos. ds. Stale yrs, ____ mos. Where was disease contracted. It not al place of death? Former or usual residence DATE OF BURIAL (Address) ADDRESS REGISTRAR

If more blanks are needed, address State Regiatrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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such, if impossible to determine definitely. cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Pursperar septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) "Contributory." mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis er" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of ... Bronchopneumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can Examples: d8.



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PHYSICIANS should of OCCUPATION is RECORD statement PERSONAL AND STATISTICAL PARTICULARS EXACTLY. 3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED, WIDOWED, ORDIVORCED (Write the word) tated DATE OF BIRTH classifled. Month) 7 AGE properly AGE BOCCUPATION (a) Trade, profession, or particular kind of work. supplied. pe (b) General nature of Industry. business, or establishmenf in may which employed (or employer) ----certificate. State or country) carefully that 10 NAME OF FATHER 0 0 on back PARENTS 11 BIRTHPLACE should (State or country) 12 MAIDEN NAME OF MOTHER DEATH in plain See instructions

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS

(Address'

(Informant)

15 Flied. (Day

(Year)

If LESS than

1 day,hrs.

OR ?

1 PLACE OF DEATH

County Wences

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No

St.: -Ward)

[If death occurred in a hospital or institution, give its NAME instead

Hallund	of street and number.]
MEDICAL CERTIF	CATE OF DEATH
16 DATE OF DEATH	eb. 12 1916
(Mo	nth) (Day (Year)
	Y. That I attended deceased fro
Tel 9, 1914, to	death, 1912
that i jast saw held alive on	Feb 9 1912
	000
and that death occurred on the da	te stated above, at
The CAUSE OF DEATH* was as 1	ollows:
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Secondary COLO	
(Do	ration)yrsmos
(Signed) (Alga a Co.)	Massing, N.
	(11-12 11-11-11-
, 191 (Address)	
*State the DISEASE CAUSING I CAUSES, state (1) MEANS OF IN	DEATH, or, In deaths from VIOLE
TAL, SUICIDAL, OF HOMICIDAL.	
18 LENGTH OF RESIDENCE (FOR F	IOSPITALS, INSTITUTIONS, TRANSIEN
Af place	In the
of death yrs mos ds.	State yrs, mos.
Where was disease contracted, If not at place of death?	
Former or	
usuai residence	
19 PLACE OF BURIAL OR REMOV	AL DATE OF BURIAL
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20 UNDERTAKER	ADDRESS
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If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

Physician, Compositor, Architect, Locomotive engineer, cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as "Manager," "Dealer," etc., without more precise speci-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indiespecially in industrial employments, it is nec-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

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"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclasepsis, tctanus) may be stated under injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitie," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (discase causing death), 29 ds.; affection need not be stated unless important. ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion,"



Village or City Snow Hill (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. St; Ward) [It deeth occurred is a hospitel or institution give its NAME instead et street end oumber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, WIDOWED, ORDIVORCED ORDIVORCED (Write the word) 6 DATE OF BIRTH (Month) (Day) (Tear)	16 DATE OF DEATH Jubrary 10th, 1914 (Mgnth) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from 1914, to Jubrary 1914, that I last saw have allow on Fresh, 1914
7 AGE It LESS than t day,	and that death occurred on the date stated above, at U Pm. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or perticular kind of work. (b) Generel nature of industry, business, or establishment to which employed (or employer) Pairthplace (State or country) 10 NAME OF FATHER Sangara Country 11 BIRTHPLACE (State or country) Mande of FATHER Sangara Country 12 Maiden Name of Mother Common Parameter of Mother Common Parameter Common Paramet	(Signed) To Live Address) Contributory Market (Secondary) (Duration) yrs mos ds. (Signed) To Live Address) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injust; and (2) whether Accident
OF MOTHER Cooling Pryor 13 BIRTHPLACE OF MOTHER (State or country) Complained 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Informant) My John K. Joylon	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place lo the ot death
Address) Srow Hill land 16 Filed 2/20 1914 RECONSTRAR If more blanks are needed, address State Registra	19 PLACE OF BURIAL OR REMOVAL 19 PLACE OF BURIAL 19 PLACE OF BURIAL 19 PLACE OF BURIAL 19 PLACE OF BURIAL 10 PLACE OF BURIAL 20 UNDERTAKER ADDRESS L. J. H. Sarra Stow J. Fill 1, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

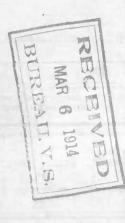
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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist, No... [If death occurred in .Ward) a hospital or institution, give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE, DATE OF DEATH MARRIED, WIDDWED, (Month) (Write the word) I HERESY CERTIFY, That I DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS fhan and that death occurred on the date stated above. 1 day,....hrs. The CAUSE OF DEATH * was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) Contributory BIRTHPLACE Secondary (State or country) FATHER (Signed PARENTS 11 BIRTHPLACE OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE Af place in the OF MOTHER (State or country) of death yrs. mos. ds. State vrs. Where was disease contracted. if not at place of death? Former or usual residence. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS If more blanks are heeded, address State Registrat, C E. Franklin St., Ralto Kequesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Loha: pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberenless of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septience cause. ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Marus genital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the American Mcdical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. Bronehopneumonia (secondary), 10 ds. ample: is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Senile," etc.), (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustion," Never report For vio-



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should state OCCUPATION IS * FULL NAME of PERSONAL AND STATISTICAL PARTICULARS statement S SINGLE, 3 SEX 4 COLOR OR RACE WILLIAMED, OL (Write the word) Exact 6 DATE OF BIRTH properly classified. (Month) (Day) 7 AGE BOCCUPATION (a) Frade, profession, or particular kind of work. (b) Geograf nature of industry. pe business, or establishment la may which employed (or employer) certificate. 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 0 0 terms, on back 11 BIRTHPLACE PARENT (State or country) 6 12 MAIDEN NAME DEATH In plain OF MOTHER Instructions 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE (informant) Important. (Address 15

PLACE OF DEATH

2102

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 3/3

St.;....Ward)

[If death occurred in a hospital or institution, give its NAME lostead of street and number.]

DATE OF BURIAL

ADDRESS

MEDICAL CERTIFICATE O	E DEAT	u

DATE OF DEATH	710		16	1914
	(Month)	(Day)	(Year)
7/16	EBY CERTIF	Y, That I at	tended dece	
that last saw h.		*************	5	30A,m.
The CAUSE OF DEAT	H* was as !	l - 1	Beris	Z,
Contributory(Secondary)		ation)	yrsmo:	Sds.
(Signed) , 1914	(Address)	oles	of the	sds.
*State the DISMASI CAUSES, state (1) M TAL, SUICIDAL, or H	LEANS OF INJ	TH, or, in our and (2	deaths from 2) whether	VIOLENT ACCIDEN-
16 LENGTH OF RESID OR RECENT RESIDENT At place of deathyrs Where was disease contract if not at place of death?	mos ds.	In the	yrs, mo	
Former or usual residence	2	2004 0 0000 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
19 PLACE OF BURIAL	OR REMOVA	L D	ATE OF BUI	RIAI

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

(Year)

If LESS than

1 day,....hrs

OR O.min

[Approved by U. S. Census and American Public Health Association.]

Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative mealthfulwho receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specistatement. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Ireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," The (4)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

mia," "PUERPEBAL peritonitis," etc. State cause for ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUST and quality as which surgical operation was undertaken. childbirth or miscarriage, as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 da.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis ter" is less definite; avoid use of "Tumor" for mails. oma. Sarcoma. etc., of . nant neoplasms); Measles; Whooping cough; Chronic The contributory (secondary or intercurrent) Always qualify all diseases resulting from may be stated under the head (Recommendations on statement of "Dropsy," "PUERPERAL septichae-(name origin; "Can-The nature of the "Exhaustion," Never report



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should state of OCCUPATION Is very PHYSICIANS RECORD properly classified. Exact statement PERMANENT should be stated EXACTLY. 4 UNFADING INK-THIS IS AGE carefully supplied. that It may be See instructions on back of certificate. PLAINLY, WITH of information should be B.-Every Item CAUSE OF Important.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.;....Ward)

[If death occurred in a hospital or institution, give its NAME instead

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
SE	MARRIED,	18 DATE OF DEATH, " Till.	25th 191 H	
1	WIDOWED, ORDIVORCED	(Month)	(Day (Year)	
4	Write the word)	17 I HEREBY CERTIFY, That	I attended deceased from	
DA	TE OF BIRTH	191, to	, 191,	
	(Month) (Day (Kear)	that I last saw h alive on	,191	
AG	E If LESS than	and that death occurred on the date state	d shove at Il Elis m	
	1 day,hrs.	The CAUSE OF DEATH* was as follows:	d above, atmosphere, ampliment,	
	yrsmosds. ORmin.?	18/ 10 - 1 - 1 - 11 - 11		
	CUPATION	- And Andrews of the Annual An	Man Man Hammer	
	Trade, profession, or icular kind of work	·····		
	General nature of industry.	Dugaeu Collas	K. C.	
	ness, or establishment in	(Duration)	yrs	
whic	h employed (or employer)	(1	**************************************	
BI	State or country)	Secondary Secondary	5	
1	10 NAME OF	(Duration)	yrs mos ds.	
	FATHER KLINE COMMING	(Signed) Markets are Spr	our Tesseno.	
AKENIS	11 BIRTHPLACE	7-16 , 191 / (Address) Ja-	eccole ley	
	OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, o		
,	12 MAIDEN NAME	CAUSES, State (1) MEANS OF INJURY; a	ind (2) whether Acciden-	
	OF MOTHER			
Į	ingious moune	18 LENGTH OF RESIDENCE (FOR HOSPITALS OR RECENT RESIDENTS)	S. INSTITUTIONS, TRANSIENTS,	
ı	13 BIRTHPLACE OF MOTHER	At place in the		
	(State or country)		yrs, ds	
Т	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,		
	Vielania Mannel	Former or	90 = 0 × 0 × 0 × 0 × 0 × 0 × 0 × 0 × 0 ×	
(Interment)	usual residence	2 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
	(Address Generale Lear My	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL	
	Auditoria	DA- boul	Feb 26 101 V	
5	tel 21 Sel 1/2	20 UNDERTAKER	ADDRESS	
File		Part of the state of	1	
	REGISTRAR	SOMAN SOULLAND	1 Cloudke	

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REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of agecated thus: CAUSING DEATH, state occupation at beginning of Illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. materiai worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But lu many Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tiou is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

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nant neoplasms); Measles; Whooping cough; Chronic childbirth or miscarriage as "Puerperal septichac-"Heart failure," "Haemorrhage," "Inanition," "Maras thenia," "Anaemia" (mercly symptomatic), "Atrophy," affection need not be stated unless important. Exvalvular heart disease; Chronic interstitial nephritis. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgleal operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for etc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraenia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asture of the American Medical Association.) "Contributory." sepsis, tetanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," may be stated under the head (Recommendations on statement of etc.), "Dropsy," "Exhaustiou," Never report



PERMANENT UNFADING INK-THIS IS WRITE PLAINLY, WITH PHYSICIANS should state of OCCUPATION is very

properly classified. Exact statement

stated EXACTLY.

carefully supplied.

DEATH in plain terms, so that it m See instructions on back of certificate,

Every item of information should be CAUSE OF DEATH in plain terms, s

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RECORD

S. No. 1.

Village or City Powershe at

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ilf death occurred in

Vii	2FULL NAME LOUISE MEN	give its 1	or institution, NAME Instead and number.]	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3 51	ex 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH Job 15th (Month) (Day	, 1914 (Year)	
3 D	1201 716 1 Ch , 14 t. (Month) (Day (Year)	that I last saw h. A.s. alive on 26 3	, 191.14 , 191.14	
7 A	GE If LESS than 1 day,hrs.	and that death occurred on the date stated above, at. 2. The CAUSE OF DEATH* was as follows:	/2 A2m,	
(a) pa (b) bus	yrs	Shaumutsu Y Jyphi Justic (Duration) yrs.	mos. ds.	
	(State or country) Morestu Country	Gontributory Secondary	186 8 8 8 8 8 9 8 9 9 9 9 9 9 9 9 9 9 9 9	
RENTS	10 NAME OF Charles MCNULLS 11 BIRTHPLACE OFFATHER (State or country) 12 MAIDEN NAME A A A A A A A A A A A A A A A A A A	(Signed) (Duration) yrs. (Signed) (Address) (Address) (State the Disease Causing Death, or, in deaths from Causes, state (1) Means of Injury; and (2) wheth Tall, Suicidal, or Homicidal.	N. D.	
PA	13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos ds Where was disease contracted, If not at place of death?		
	(Informant) Markes (PU) (III)	Former or usual residence	URIAL	
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	The same blocks are as 1 1 11 Grand But	10000		

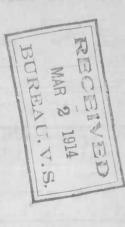
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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1 PLACE OF DEATH

Village or City Bulin and

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist	No JUN
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St.; .Ward)

[If death occurred lo a hospital or institution, give Its NAME Instead ot street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVDRED (Write the word)	(Month) (Day (Year)) 17 A HEREBY CERTIFY, That I attended deceased from
March 22 , 19/2 (Month) (Day (Year)	that I last saw h = alive on # \$ 5 , 191 4
7 AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trede, profession, or particular kind of work	neumonia
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Ouration) yrs mos S. ds.
State or country) Muryland	Contributory Secondary (Ouration) yrs mos ds
on 11 BIRTHPLACE 11 BIRTHPLACE OF FATHER 12 Michell OF FATHER	(Signed) Azablendare, M. D. Feld, 191 & (Address) Berlie was
(State or country)/Mayland	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Maryland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS) At place In the of death
(Informant) The famile Methods	Where was disease contracted, If not at place of death? Former or usual residence
(Address) Beelin md	19 PLAGE OF BURIAL OR REMOVAL DATE OF BURIAL Relin and Telany, 1914
Filed 7, 1914 A POR REGISTRAR	Lucis 9 Evans Berlind

[Approved by U. S. Census and American Public Health Association.]

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1 PLACE OF DEATH

Worcester

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.;....Ward)

[If death occurred to

ADDRESS

a hospital or institution, give its NAME instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. A DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED. (Year) (Month) (Dav ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from (Month) (Day 7 AGE If LESS than and that death occurred on the date stated above, at 1 day of fire. ds OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration) _____vrs. which employed (or omployer) Contributory____ 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL, OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) State yrs. _____ yrs. ____ mos. ___ Where was disease contracted. 14 THE ABOVE IS TRU If not at place of death? Former or usuai residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER

If more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Consus and American Public Health Association.]

additional liue is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is uecfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulshould be taken to report specifically the occupations duties of the household only (not paid Housekeepers statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when necded. the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the cated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not mine, etc. fication as Day laborer, Farm laborer, Laborercausing death, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has who receive a defiuite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, who have no occupation whatever, write None. been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples: But in many (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meniugitis"); Diphtheria (avold use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 3/2 Ilf death occurred in .Ward) (No. a hospital or institution. give Its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH S SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, (Month) (Day) Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH 31 (Month) (Day) (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 day hrs. OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of werk. (b) General nature of industry, business, or establishment in which employed (or employer) Contributory... 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER 11 BIRTHPLACE (Address).. ARENT OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL. SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER of death ____ yrs, ___ mos. ___ ds. (State or country State yrs, ____ mos. Where was disease contracted. If not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrcbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc... Carcin-

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DATE OF BIRTH

BOCCUPATION (a) Trade, profession, or

particular kind of work.

(b) General nature of industry,

business, or establishment in

which employed (or employer)

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

(Address) .-

14 THE ABOVE IS

OF FATHER (State or country)

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No.

5 SINGLE, MARRIEO.

WIOOWED, OROIVORCEO (Write the word)

(Day

PERSONAL AND STATISTICAL PARTICULARS

(Month)

4 COLOR OR RACE

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1 PLACE OF DEATH

1) concer

Ilf death occurred to

2FULL NAME

(Year)

If LESS than

1 day,.....hrs.

OR min. ?

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

1	St.; Ward) a hospital or institution, give its NAME instead of street and number.]
	MEDICAL CERTIFICATE OF DEATH
1	16 DATE OF DEATH (Month) (Day (Year)
	17 I HEREBY CERTIFY, That I attended deceased from
5	that I last saw h. Lastive on Tel
	and that death occurred on the date stated above, at 10 m.m.
	Hemiplegia
	(Duration) 5 hours ds.
	Contributory Secondary (Ouration) yrs mos ds.
-	(Signed) , M. D. , M.
	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.
	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos. ds. State yrs, mos. ds Where was disease contracted, If not at place of death?
	Former or usual residence.
1	Deen & Center Tel 1914
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[Approved by U. S. Census and American Public Health Association.]

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MAR 6 1914
BUREAU, V.S.

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MARGIN RESERVED FOR BINDING

PHYSICIANS show RECORD PERMANENT cia INK UNFADING ŏ back instructions piai 2 of inform DEATH OF Every item CAUSE OF Important.

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in St.: Ward) a hospital or institution, give its NAME instead of street and numbar. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX DATE OF DEATH 5 SINGLE, / 4 COLOR OR RACE MARRIED WISOWED. (Month) (Year) OROWORSED (Write the word) HEREBY CERTIFY, That I attended degeased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day,hrs. The CAUSE OF DEATH* was as follows: OR min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration) which employed (or amployer) Contributory..... BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death _____ yrs. ____ mos. ____ ds. State yrs, ____ mos, Where was disaasa contracted. If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR

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should state Exact statement of OCCUPATION is very PHYSICIANS RECORD PERMANENT stated EXACTLY. BINDING Every item of information should be carefully supplied. AGE should be signated of DEATH in plain terms, so that it may be properly classified. Important. See instructions on back of certificate. 4 UNFADING INK-THIS IS FOR AGE RESERVED MARGIN WRITE PLAINLY, WITH V. S. No. 1. Filed 2 - 27 - , 1914 m ż

1/1	STATE OF M	STATE OF MARYLAND	
104	CERTIFICATE	OF	DEATH

	age or City Bulion (No. 2000) 2 FULL NAME William 13. 3	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 3 5 5 [If death occurred in a hospital or institution, give its NAME instead of street and nomber.]
3 SE	PERSONAL AND STATISTICAL PARTICULARS A COLOR OR RACE SINGER, WIDOWED. WIDOWED.	MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH Jet 26, 1914
2	MALL WHILE (Write the word) ATE OF BIRTH (Month) (Day (Year)	(Month) (Day (Year) 17 I HEREBY GERTIFY, That I attanded deceased from 191, to
(a) par (b) busi		and that death occurred on the date stated above, at m The CAUSE OF DEATH* was as follows: Bessing to Physicae Cleaning to Physica
	10 NAME OF FATHER Lambert Quillin	Contributory Secondary (Duration) yrs mos ds (Signed) , M. D.
PARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 12 Kate or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether Accidental, Suicidal, or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place in the of death yrs, mos, ds. State yrs, mos, ds.
	(Informant) Martha & Levers (Address) Philadelphia	Where was disease contracted, if not at place of death? Former or usual residence
16	(Address) Philocoleticalla.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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should OCCUPATION IS PHYSICIANS RECORD of statement EXACTLY. stated properly classified. pe pinous AGE supplied. may carefully that It 80 be plain terms, pinous Information _ DEATH 0

State Very certificate 6 See Instructions on back Item CAUSE OF Important.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.:---Ward)

Ilt death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME

1 PLACE OF DEATH

PERSONAL AND STATIS

4 COLOR OR RAC

(Mont

County...

3 SEX

7 AGE

DATE OF BIRTH

BOCCUPATION (a) Trade, protession, or

9 BIRTHPLACE

PARENTS

particular kind of work.

(b) General nature of industry, business, or establishment in

> (State or country) 10 NAME OF FATHER

11 BIRTHPLACE

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

(Informant).

14 THE ABOVE IS TRUE TO THE

(Address).....

which employed (or employer)

OF FATHER (State or country)

Lamue 110g	January Onano
TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
E 5 SINGLE, MARRIED, WIDOWEO, OR DIVORCEO (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17
17 ,191/ h) (Day (Year)	that I last saw h er allye on tel 16, 1914
It LESS than t day,hrs.	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
ds, <u>OR</u> min.?	Sudden Collofre
	J. D. M. D. J. Madelles
d	Gontributory Acuse Preumoxia
Thaw fr	(Signed) Throse on N. D. ### Processing Control of the Control of
nd	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; nnd (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL
ma	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs, mos ds. State yrs, mos ds
Shaw fr	Where was disease contracted, It not at place of death? Former or usual residence
note at md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Melloder Certin Fell 15, 191 K
how Hillmann REGISTRAR	Surusin Bros de molle

If more blanks are needed, address State Registrar, C E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekcepers mine, etc. "Manager," "Dcaler," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is uec-Civil engineer, Stationary freman. etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton mill; (a) Salesman, who have no occupation whatever, write None. been changed or given up on account of the misease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: The question "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," inqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less defiuite; avoid use of "Tumor" for malig oma, Sarcoma, etc., of..... (name origin; "Cansuch, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus." "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Comulttee on Nomencla-"Coutributory." scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viocause. genital," Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), Measles (Recommendations on statement of (discase causing death), 29 ds.; "Dropsy," The uature of the "Exhaustion," Never report



Village or City Serlin med (No	Registration Dist. No. 3.5 S [It death occur a hospital or ins give its NAME of street and num
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, MULLICITY Tremale color (Write the word)	18 DATE OF DEATH (Month) (Day) (Yet) 17 I HEREBY CERTIFY, That I attended decessed
6 DATE OF BIRTH Murch (Month) (Day) (Yea	1914, to Fib / Le 18
7 AGE If LESS 1 day, ds. ORmir	hrs. The CAUSE OF DEATH * was as follows:
a) Trada, profession, or particular kind of work	Contributory (Secondary)
11 BIRTHPLACE OF FATHER (State or country) Mingland 12 MAIDEN NAME 12 MAIDEN NAME (State or country) Mingland	(Signed) (Signed) (Signed) (Address) (Signed) (Signed) (Address) (Address) (Signed)
13 BIRTHPLACE OF MOTHER (State or country) Mayland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIOR RECENT RESIDENTS) A1 piace In the of death yrs, mos ds, State yrs, mos
(Informant) Terrel January	Where was disaase contractad, If not at piaca of death? Former or usual residenca
(Address) Rulin md Filed 3-3-1914 CR for REGISTRAF	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Monch h 19 20 PADERTAKER APDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

2112

PLACE OF DEATH

STATE OF MARYLAND

[It death occurred in a hospital or institution.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not pald Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Groeery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter applies to each and every person, irrespective of age tion is very important, so that the relative lealthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. it should be used only when needed. For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," If the occupation has As examples: "Foreman," (%)

Statement of cause of death—Name, first, the disease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dineumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. childbirth or miscarriage, as "Purperal septichacmus," "Old Age," "Shock," "Uraemla," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Concause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT nEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the Hart failure," "Haemorrhage," "Inanition," "Maras. thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report ampie: Measles (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic cer" is icss definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of ture of the American Medical Association.) "Contributory." The contributory (secondary or Intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can Examples:

OCCUPATION RECORD ō back Instructions DEAT O mportant. CAUSE

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. 355 Ilf death occurred la Village or City. St.:....Ward) a hospital or institution, give its NAME Instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIEDS-WIDOWED, (Month) (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at..... f day.....hrs. The CAUSE OF DEATH * was as lollows: OR min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work... (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) Contributory. 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE 2-10-, 191% (Address) OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-(State or country) 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country of death yrs. mos. ds. State _____ vrs. ___ mos. Where was disease contracted. if not at place of death?. Former or usual residence. DATE OF BURIAL 15 20 UNDERTAKER ADDRESS. REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto. Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; essary to know (a) the kiud of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, afrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Nervant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) it should be used only when needed. the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be If retired from business, that fact may be indinent of occupation-Precise very important, so that Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons tement of occupa-Salesman, ative healthful-As examples: The question "Foremau,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lohar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic sepsis, tetanus) may be stated under the head such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Couthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: affection need not be stated unless important. ralvular heart disease; Chronic interstitial nephritis. oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomeucla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as ctc., when a definite disease can be ascertained as the genital," Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from Measles "Seuile," (Recommendations on statement of (disease causing death), 29 ds.; etc.), "Dropsy," "Exhaustiou," Never report



N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important, See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

An Rily

PLACE OF DEATH	STATE OF MARYLAND
County W orcists	CERTIFICATE OF DEATH Registered No. 357
Village or City Snow Hill (No.	St; Ward) [it death occurred in a hospital or institution give its NAME lasteat of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	16 DATE OF DEATH 7
frmale White Ballington glo or private the word)	(Month) (Day) (Year)
6 DATE OF BIRTH Clex. SO 195.	July 12, 1914, to Feley 15, 1914.
(Month) (Day) (Year)	that I last/saw n 200 alive on 1917
7 AGE 11 LESS than 1 day,hrs. 6 2 yrs 9 mos. 6 ds 0Rmin.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
e occupation (a) Trade, profession, or particular kind of work (b) General nature of industry,	General Cardiae Fasture
business, or establishment la which employed (or employer)	Contributory Cogruphe
9 BIRTHPLACE (State or country) Danyland 10 NAME OF FATHER Carro Tilghman	(Signed) July (Address) Augustiel Mil. 1914 (Address) Augustiel Mil. 1915
11 BIRTHPLACE OF FATHER (State of country) 12 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
of MOTHER Mary l. Idams 13 BIRTHPLACE OF MOTHER (State or country) Maryland	18 LENGTH OF RESIDENCE (FOR HOSPITALE, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
Informant, Sister Bass blag bills	Where was disease contracted, If not at place of death? Former or usual residence.
(Address) Snow Hill leff	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL M. & Bernsty Snow Hill 76. 1, 1914. 20 UNDERTAKER ADDRESS
Filed 191 REGISTRAR	le T. Hrans Survey Hill
If more blanks are needed, address State Registre	ar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as duties of the household only (not pald Housekeepers (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Is affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head lnjury, as fracture of skull, and consequences (e. g. by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. mia," "Tuerpenal peritonitis," etc. State childbirth or miscarriage, as "Purapenal scptichacmus," "Old Age," "Shock," "Uraemia." "Weakness," ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart fallure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. cer" is less definite; avoid use of "Tumor" for maligmere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritix nant neoplasms); Measles; Whooping cough: Chronio oma. Sarcoma. etc., of The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile." etc.), (Recommendations on statement of "Dropsy," (name origin: "Can "Exhaustion," Never report Examples: cause for For vio-



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for winhant

Ounty Corcustos	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 357
Village or City Inou Hill (No,	St; Ward) [It death occurred is a bospital or lestitution give its NAME losten of street and oumber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Final White Spare (Write the word) 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, WORDER (Write the word) 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WITE the word)	18 DATE OF DEATH Telo. (Month) (Year) 17 I HEREBY CERTIFY, That I attended deceased from 28 (1918, to 7elo 27 1914
(Month) (Day) (Tear) 7 AGE If LESS than 1 day,hrs. 0 OCCUPATION (a) Irade, profession, or particular kind of work (b) Seneral nature of industry, business, or establishment to which employed (or employer)	that I last and here alive on 1914 and that death occurred on the date stated above, at 6 les m. The CAUSE OF DEATH* was as follows: Post operative Selvic Obscess Treal Fistula (Colon) (Duraline) yrs. Several ds.
10 NAME OF FATHER William Porvil 11 BIRTHPLACE (State or country) Many Lane d 12 MAIDEN NAME OF MOTHER (State or country) Many Lane d 13 BIRTHPLACE OF MOTHER (State or country) Many Lane d 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	(Signed) (Secondary) (Signed) (Secondary) (Signed) (Signed) (Secondary) (Signed) (Signed) (Secondary) (Secondary) (Signed) (Secondary) (Secondary) (Secondary) (Secondary) (Secondary) (Secondary) (Signed) (Secondary) (Signed) (Secondary) (Seco
16 B/ 1914 REPOR Sewith REGISTRAN	19 PLACE OF BURIAL OR REMOVAL 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER ADDRESS AT, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illwho have no occupation whatever, write None. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should he used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. mine, etc. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can he known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing disease accepted ferm for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Theumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionaeum, etc.. Carcin-

sepsis, tetanus) may be stated under the head of ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver round of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL SUICIDAL, OF HOMICIDAL, OF AB probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Tuerperal peritonitie," etc. State cause for childbirth or miscarriage, as "Purrenal scptichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Traemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile." etc.), ample: Measles (disease causing death), 29 Accidental drowning; Struck by railway train—acci-"Collapse." "Coma," "Convuisions," "Dehility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms) : Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for malig Eronehopneumonia (secondary), 10 ds. oma. Sarcoma. etc., of . The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," (name origin: "Can-"Exhaustion." Never report Examples:



ARGIN

OCCUPATION RECORD classified. properly pe may plain DEAT Every item CAUSE OF Important. S

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. lit death occurred in St :----Ward) a hospital or institution. give its NAME instead of street and number. ? * FULL NAME MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. SEX 4 COLOR OR RACE MARRIED, WIDOWED. (Month) (Write the word) HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Day) (Mont) 7 AGE If LESS than 1 dayhrs. OR min. ? 8 OCCUPATION (a) Trade, profession, or parlicular kind of work. (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) -----Contributory. State or country) (Secondary) 10 NAME OF (Signed) FATHER 11 BIRTHPLACE ARENT OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place lo the OF MOTHER State yrs. ____ mos. Where was disease contracted. If not at place of death? Former or usual residence DATE OF BURIAL 15 20 UNDERTAKER

If more blanks are needed, address State Begistrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

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Association.]

cated thus: Farmer (retired 6 yrs.). causing death, state occupation at heginning of iiibeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, should he taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the husiness or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can he known. The question tion is very important, so that the relative Lealthfulwho have no occupation whatever, write None Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as "Manager," "Dealer," etc., without more precise speci-Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, (b) As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purperal septicharthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convulsions," "Debility" ("Coninjury, as fracture of skull, and consequences (e. g., by carbolic acid—probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned LENT DEATES State MEANS, OF INJUST and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can he ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "As ample: Meastes (disease causing death), 29 ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronical ver" is icss definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) may he stated under the head Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can State cause for Examples:

